

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006131

FILED
Apr 15, 2009
Secretary of State

Entity Name: KUSTOM DESIGN AND REMODELING LLC

Current Principal Place of Business:

2130 TRAVELERS PALM DR.
EDGEWATER, FL 32141

New Principal Place of Business:

456 VENETIAN VILLA DR
NEW SMYRNA, FL 32168

Current Mailing Address:

2130 TRAVELERS PALM DR.
EDGEWATER, FL 32141

New Mailing Address:

456 VENETIAN VILLA DR
NEW SMYRNA, FL 32168

FEI Number: 26-1767454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKETT, EDDIE G III
2130 TRAVELERS PALM DR
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

PICKETT, EDDIE G III
456 VENETIAN VILLA DR.
NEW SMYRNA, FL 32168 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EDDIE PICKETT

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PICKETT, EDDIE G III
Address: 2130 TRAVELERS PALM DR.
City-St-Zip: EDGEWATER, FL 32141

Title: MGR (X) Delete
Name: RICHARD, MCCARTHUR K JR
Address: 1162 OLD MISSION RD
City-St-Zip: NEW SMYRNA, FL 32168

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PICKETT, EDDIE G III
Address: 456 VENETIAN VILLA DR
City-St-Zip: NEW SMYRNA, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDDIE PICKETT

MR

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date